

Beverly Eaves Perdue, Governor
Pamela T. Young, Chair



Bernadine S. Ballance, Commissioner
Laura K. Mavretic, Commissioner
Danny L. McDonald, Commissioner
Staci Meyer, Commissioner
Christopher Scott, Commissioner
Dianne C. Sellers, Commissioner

North Carolina Industrial Commission

WORKERS' COMPENSATION NURSES SECTION REFERRAL FORM

REFERRAL SOURCE

Name _____ Company _____ Date ____ / ____ /20____
Address _____ City _____, State ____ Zip ____ - ____
Telephone (____) ____ - ____ Fax (____) ____ - ____
REASON FOR REFERRAL/SPECIFIC CONCERNS _____

INJURED EMPLOYEE

Name _____ IC# _____ SS# ____ - ____ - ____
Address _____ City _____, State ____ Zip ____ - ____
County _____ Telephone (____) ____ - ____ Fax (____) ____ - ____
Date of Injury ____ / ____ / ____ Type of Injury _____
Physician's Name _____
Address _____ City _____, State ____ Zip ____ - ____

EMPLOYER

Name _____
Contact Person _____ Title _____
Address _____ City _____, State ____ Zip ____ - ____
Telephone (____) ____ - ____ Fax (____) ____ - ____

CARRIER

Name _____
Claims Representative _____ Claim # _____
Address _____ City _____, State ____ Zip ____ - ____
Telephone (____) ____ - ____ Fax (____) ____ - ____
Defense Attorney _____ Telephone (____) ____ - ____ Fax (____) ____ - ____
Plaintiff Attorney _____ Telephone (____) ____ - ____ Fax (____) ____ - ____

REHABILITATION SPECIALIST (if involved)

Name _____ Company _____
Address _____ City _____, State ____ Zip ____ - ____
Telephone (____) ____ - ____ Fax (____) ____ - ____

Revised 1/26/2009